

127, 17 27, 17 (20) 77, 17 (20









جامعة عين شمس

التوثيق الالكتروني والميكروفيلم



نقسم بللله العظيم أن المادة التي تم توثيقها وتسجيلها علي هذه الأفلام قد اعدت دون آية تغيرات



يجب أن

تحفظ هذه الأفلام بعيداً عن الغبار

في درجة حرارة من 15-20 مئوية ورطوبة نسبية من 20-40 %

To be kept away from dust in dry cool place of 15 – 25c and relative humidity 20-40 %



ثبكة المعلومات الجامعية





Information Netw. " Shams Children Sha شبكة المعلومات الجامعية @ ASUNET بالرسالة صفحات لم ترد بالأص

CORRELATION BETWEEN NECK PROPRIOCEPTION DEFICIT AND BALANCE IN CHRONIC MECHANICAL NECK PAIN

By

RANIA REFFAT ALI B.Sc. in Physical Therapy Cairo University

A Thesis Submitted to Basic Science Department in Partial Fulfillment of the Requirements for Master Degree in Physical Therapy

Faculty of Physical Therapy
Cairo University
2005

B/-- 0×

السالح المرع

﴿رَبَّمُ مَّ حَالَى مُكُمَّا وَأَلْدِهُنِي وَالْمِعُلِي السَّانَ حَدْقٍ وِالْمِعُلِ لِي لِسَانَ حَدْقٍ وَالْمِعُلِ لِي لِسَانَ حَدْقٍ فِي السَّانَ حَدْقٍ فِي الْسَانَ حَدْقٍ فِي الْسَانَ حَدْقٍ فِي الْسَانَ مَ مِن وَاجْعَلْنِي مِن فَي وَاجْعَلْنِي مِن وَاجْعَلْنِي مِن وَرَثَة جَنَّة النَّعِيمِ ﴾

سورة الشعراء الآمات (٨٣ – ٨٥)

SUPERVISORS

Prof. Dr. Awatef Mohamed Labib

Professor of physical Therapy Basic Science Department Faculty of Physical Therapy Cairo University

Ass. Prof. Dr. Mohamed Hussein El-Gendy

Assistant professor of Physical Therapy
Basic Science Department
Faculty of Physical Therapy
Cairo University

DEDICATION

To my parents, who gave me everything.

To my husband for his continuous help.

For the precious time my sisters spent with me.

To my lovely daughter Nadine.

ACKNOWLEDGEMENTS

First and foremost, I would like to kneel to thank *Allah*, the most compassionate, the most merciful, for the guidance, support and mercy He grants us. Throughout our lives, without these gifts this work would never come true.

Words fail to express my gratitude, respect and heartfelt appreciation to **Prof. Dr. Awatef Mohamed Labib**. Professor of Physical Therapy, Basic Science department, Faculty of Physical Therapy Cairo University, for her support, encouragement, bright ideas and kind scientific supervision. The confidence she always gives me, motivated me to work harder to overcome all the difficulties I faced. She surrounded me with endless patience.

A special thanks goes to **Dr. Mohamed El-Gendy**, Assistant Professor of Physical Therapy, Basic Science Department, Faculty of Physical Therapy Cairo University, without his encouragement, unlimited support, understanding and wise advise, this work would never have ended.

I would like to express my deepest thanks to **Dr. Salah Sawan**, Assistant Professor in the Department of Physical Therapy for neurology and its Surgery, Faculty of Physical Therapy, Cairo University, for his valuable contribution as he provided me with Cervical range of motion device.

Warmest thanks go to Aliaa Attya, Ibrahim Mostafa and Dalia Mosad for their great help and encouragment during this work. I am also grateful to all my friends who supported me.

Last but not the least, I would like also to express my deep gratitude and thanks to all my colleagues in the department of basic science for their encouragement and support.

Rania Reffat Ali

Correlation between Neck Proprioception Deficit and Balance in Chronic Mechanical Neck Pain, Rania Reffat Ali Ahmed; Supervisors, Prof. Dr. Awatef Mohamed Labib, Ass. Prof. Dr. Mohamed Hussein Elgendy. Basic Science Department, Faculty of Physical Therapy, Cairo University, 2005 (Master degree).

Abstract

Back ground: Patients with chronic mechanical neck pain showed larger sway areas in standing posture and reduced ability to successfully execute more challenging balance tasks. The purpose of the study was to determine the correlation between neck proprioception defict and balance in chronic mechanical neck pain patients. Subjects: Thirty subjects (13 Females and 17 Males); mean age was (41.5 \pm 3.7). They were assigned from out clinic of the Faculty of Physical Therapy, suffering from chronic mechanical neck pain (neck pain persisted more than three month). They were assigned in one group. The neck proprioception accuracy level was measured by using CROM device and balance was measured by using Biodex stability system. Results: Active neck repositioning accuracy level was poor in patient with chronic mechanical neck pain. Also balance was disturbed in the same group. There was a statistically significant correlation between cervical proprioception deficit and balance in patient with chronic mechanical neck pain. Conclusion: it is indicated that the proprioception acuity is disturbed in patient with chronic mechanical neck pain. This deficit led to balance disturbances among these patients. This study recommended proprioceptive and balance rehabilitation programs among treatment plan of chronic mechanical neck pain.

(Key Words: chronic mechanical neck pain, Proprioception, Balance).

List of Abbreviations

A/P Anteroposterior.

ARAT Active Repositioning Accuracy Test

BOS Base of Support.

CM Centimeters

CNS Central Nervous System.

COG Center Of Gravity.

COM Center of Mass.

COP Center of Pressure.

CROM Cervical Range of Motion

DLOS Dynamic Limits of Stability

Fig. Figure

LOS Limits of Stability.

LR left Rotation

LSB Left Side Bending

M/L Mediolateral.

Mm Millimeters

RA Repositioning Accuracy

ROM Range of Motion

RR Right Rotation

RSB Right Side Bending

SI Stability Index.

Sec Second

List of Tables

TABLE NO.		PAGI	1
1	Summary characteristics of joint receptors.	15	
2	Clinical assessment of proprioceptive system functions.	26	
3	The mean and standard deviation of patient demographic data and general characteristics.	64	
4	The mean, standard deviation, maximum, minimum and coefficient of variation values of active cervical ROM for (RR, LR, RSB and LSB) as measured in (degrees) for all patients.	65	,
5	Mean values of overshooting and undershooting of the active cervical ROM (RR,LR,RSB and LSB) measured in degrees.	66 .	
6	Mean, standard deviation, maximum, minimum and coefficient of variation values of stability indices and over all directional control for all patients.	68 ;	
7	Correlation between active repositioning accuracy test (RR, LR, RSB and LSB) and stability indices for all patients.	70	

List of Figures

FIGURE	•	PAGI
1	Structural organization of the muscle spindle	17
2	The golgi tendon organs.	20
3	Location of cutaneous receptors in the skin	22
4	Component and destinations of the proprioceptive	
	system	24
5	The Cervical range of motion device (CROM)	47
6	The Biodex stability system	48
7	Shows a patient wearing CROM device	50
8	Measuring neck rotation using CROM	51
9	Measuring side bending using CROM	51
10	Patient standing on the Biodex stability system with handrails on while centering process	53
11	Biodex stability system's platform	55
	Patient standing with both arms at the side of the	
12	body without grasping hand rails while performing	56
	the test	
13	The dynamic balance test screen prior to starting the test.	57
14	The dynamic balance test screen during testing	57
	The limits of stability (LOS) test screen prior to	
15	starting the test	60
16	The limits of stability (LOS) test screen during testing	60
17 _	The mean values of patients' demographic data and	64
	general characteristics	
18	Mean values of RR, LR, RSB, and LSB for all patients	65
	Boxplots of RR represents the inter-quartile range	
19	(IQR) with median, largest and smallest values of	66
	overshooting and undershooting	
	Boxplots of LR represents the IQR with median,	
20	largest and smallest values of overshooting and	
20	undershooting	67